



400 R STREET, SACRAMENTO, CALIFORNIA 95814-6200



## **DRAFT MINUTES**

Task Force on Culturally and Linguistically  
Competent Physicians and Dentists  
Health Commission Chambers  
101 Grove Street, Room 300  
San Francisco, California  
November 9, 2001

### **Task Force Members Present:**

Kathleen Hamilton, Director, Department of Consumer Affairs, Co-Chair  
Mary Anne Koda Kimble, PharmD, UCSF Clinical School of Pharmacy  
Dr. Melissa Welch, M.D., MPH, Medical Director, Health Plan of San Mateo  
Dr. Newton Gordon, D.D.S., UCSF School of Dentistry  
Ron Joseph, Executive Director, Medical Board of California  
Arthur Chen, M.D., Medical Director, Alameda Alliance for Health  
Earl Lui, Legal Counsel, Consumers Union  
Martin Martinez, Pan-Ethnic Health Network

### **Staff Members Present:**

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs  
Anita Scuri, Legal Counsel, Department of Consumer Affairs  
Greg Franklin, Chief, Office of Multi-Cultural Health, Department of Health Services

### **Call to Order:**

Call to Order – 2:10 p.m. by Kathleen Hamilton, Chair. All Task Force members present introduced themselves. Noticing the absence of a quorum, the Task Force convened as a subcommittee. Professional interpreters were available for non-English speakers

Director Hamilton provided an overview for the purpose of the Task Force. She advised that the Task Force comprised of thirty-seven members and their essential duties were to examine continuing education programs and assess the need for culturally and linguistically competent physicians and dentists. The group has been asked to identify cultural elements necessary to meet cultural competency. This would be done through a series of quarterly task force meetings and conducting public hearings throughout the state. Director Hamilton advised this is an ongoing process and welcomed any thoughts or recommendations. A final report will be submitted to the Legislature in 2003.

### **Informational Presentations by Invited Speakers Regarding Access to Culturally and Linguistically Competent Care in the Local Community.**

Don Soo, Policy and Planning Director for Asian Health Services spoke regarding the access issues facing the communities of Oakland and Alameda. He stated that Asian Health

Services goal and mission was to advocate for the immigrant and Asian health community regarding its healthcare rights and to ensure access to health care to non-English speaking patients. Mr. Soo emphasized that linguistically appropriate services are not an option, but are a critical and integral part of health care delivery. He commented that emphasis be placed on developing creative ways to address the challenge of the lack of physicians and dentists willing and able to provide such services.

Mr. Soo stated his organization has been working to develop language and cultural access programs that provide written translation services and specializing in the needs of the health care delivery system, including recruiting, screening, training health care interpreters, and working with hospitals, health plans and health care organizations who contract for translation and interpreter services. A strong emphasis should be placed on training the health care interpreters throughout the State of California.

Mr. Soo stated translators and interpreters should be easily accessible by healthcare specialists and providers. He recommended providing reimbursement incentives for providers. He also recommended addressing the lack of providers who are linguistically and culturally competent.

Mr. Joseph asked Mr. Soo to share his experience from working in the Bay Area and any efforts that have been made in recruitment of providers or barriers encountered in providing cultural and linguistically competent health care services. Mr. Soo responded there is a limited pool of providers and health care interpreters. Once interpreters have acquired the necessary skills, they find more lucrative offers, making retention a challenge.

Ms. Koda-Kimble stated that measuring or evaluating cultural competency is an enormous problem, due to the fact that every group has its own culture and beliefs. Further consideration would be needed to address how that knowledge and experience could be incorporated into a medical, dental, or pharmacy school's curriculum.

Mr. Lui commented that a common problem was that the specialist believed the patients are responsible for providing their own medical interpreter and often rely on family members.

Mr. Soo reemphasized the necessity to consider reimbursement and financial incentives as part of the solution.

Mr. Franklin inquired of Mr. Soo regarding his suggestions for training providers and what efforts should be made in providing reimbursement to physicians.

Mr. Soo responded keeping reimbursement fees at a level that provides adequate compensation for providers for the additional time that they spend with non-English speaking patients is critical.

Dr. Chen commended the innovative services of Mr. Soo's organization for providing quality care to the Asian patients in the Bay Area.

Director Hamilton asked about the existing training for qualified interpreters in the medical environment and the standards to operate as a medical interpreter. Mr. Soo replied that interpreters have to be sufficiently bilingual, attend a series of training sessions on ethic interpretation, privacy rights of patients, and perform proficiently in the program.

Director Hamilton inquired if the medical interpreter education was received in the United States or foreign countries. Mr. Soo responded that he believed all of the participants received their education in the United States.

Ignatius Bau, Deputy Director of the Asian Pacific Islander American Health Forum (APIAHF) stated APIAHF is a national advocacy organization that helps to improve Asian American health care in the state. Mr. Bau stated there was a need to understand the diversity and distinctions among Asian-Americans and highlighted data from the recent U.S. census that illustrated this diversity.

Mr. Bau suggested recommendations for the Task Force. These included:

1. Improve the states' data collection systems and analysis of patient demographics for dissemination to health care providers. He stated if we don't know what primary languages the patients and health consumers in the state speak, then we would never be able to provide culturally competent care or language access to them.
2. Strengthen existing laws and policies that are currently in place requiring cultural competency and access to ensure enforcement and accountability.
3. Develop multi-cultural and multi-bilingual competent professionals.
4. Adopt written policies to develop cultural and linguistic standards to meet the language needs of California's patients and consumers.

Mr. Bau advised most health plans provide some interpretation through translation services, although it is primarily in Spanish. The State of California can assist these efforts through the establishment of policies and guidelines and working with the education system to support the development of health care that is culturally and linguistically competent.

Director Hamilton asked Mr. Bau if he was aware of any proficiency standards for health care providers in meeting the required skill level for competency. Mr. Bau responded he was unaware of any proficiency standards.

Mr. Joseph asked Mr. Bau if he was aware of any efforts from existing health care providers to publicize or educate along these lines. Mr. Bau replied the key is to provide cultural competency care by understanding the demographics of the patients.

Lori Rice, Assistant Dean of the (UCSF) University of California at San Francisco School of Pharmacy advised the UCSF School of Pharmacy is working with the Task Force conducting a study that would evaluate the cultural competency training provided at medical, pharmacy,

and dental schools in California. This study will provide information on the type of training provided in California. Ms. Rice related that California has eight medical schools, four schools of pharmacy and five dental schools. Ms. Rice also advised a formal report would be provided to the Task Force upon completion of the study.

Dr. Gordon inquired what solutions could be made that would provide direction to achieving adequate standards. Dr. Gordon asked once an individual has been identified as linguistically and culturally competent how can we assure that these individuals would practice in underserved communities.

Dr. Welch asked if the survey questionnaire asked where students would prefer to practice and whether the current curriculum was based upon a successful model. Dr. Welch also inquired where the training faculty received their training that qualified them as competent. Ms. Rice advised this was not part of the survey.

Ms. Koda Kimble stated that the students generally initiate these courses, not necessarily the faculty.

Director Hamilton thanked UCSF for partnering with the Task Force in collecting information and requested intermittent updates throughout the survey to share with the Task Force.

Ms. Rice expounded upon the comment made by Ms. Koda Kimble that the student body generates many of these programs themselves. She advised that, as an example, there is a new program in the Fremont area that will be providing pharmaceutical services to the hearing impaired. She advised a hearing impaired student, who graduated in June from the School of Pharmacy had a strong interest in providing service to the community. Ms. Dana Testa approached the faculty regarding her desire to work in this area. UCSF worked with her to create a special residency. As a result, Longs' Pharmacies in the Fremont area have equipped their pharmacies with telecommunication devices (TTY), equipment that will enable her to communicate with the hearing impaired. This is an example of an expansion of curriculum and training that started with the student and there was receptivity on the part of the faculty.

Director Hamilton expressed appreciation of this extraordinary woman for her hard work and dedication.

#### **Public Comment:**

Christina Reyes, Latino Issues Forum, Health Policy Analyst, suggested including the scope of the Task Force recommendations to address the lack of nurse practitioners as there is a shortage of nurses and recommended providing incentives to community colleges to increase their outreach in recruiting minority nurses who speak Spanish. Ms. Reyes also suggested looking beyond the university level to increasing careers in the health field, but also secondary education.

Director Hamilton advised that the Task Force will be identifying existing incentive programs and will consider incentives for individuals who have those skills to serve in the underserved communities.

Kelvin Quan, Chief Financial Officer and General Counsel, Alameda Alliance for Health, spoke regarding their managed health care plan and public entity serving the Medi-Cal program including over 70,000 members. He advised one-third of the health plan members speak languages other than English. Mr. Quan stated they would be conducting a language survey that will include 1000 physicians. This survey differs because specific questions will be asked to elicit direct responses. Questions will include:

- Who speaks the language?
- What is the level of proficiency insofar as where did they require that language skill?
- Did they develop fluency in their native country or did they attain it in the US?
- Did they speak the language growing up?
- Did they learn it in an academic environment?

Mr. Quan stated their program offers to pay the full cost of the medical interpreter for provider offices that don't have language capabilities. He stated they have been actively encouraging providers and members to avail themselves of this service at no charge to the provider. Mr. Quan advised Alameda Alliance for Health is looking forward to the efforts of this Task Force to raise the level of awareness and understanding of cultural and linguistic competency.

Mr. Lui asked if copies of this survey could be made available to the Task Force. Mr. Quan advised once the finalized copies were available, they would be made available to the Task Force.

Dr. Gordon asked if statutory requirements required health plans provide these services. Mr. Quan responded that most of the statutory requirements require health plans establish programs to provide services. The focus consists of preparing written policy, but the issue of providing incentives to plans to offer medical interpreters should also be addressed.

Mr. Franklin asked if the cultural and linguistic standards for services were provided to outside network providers. Mr. Quan responded primary care physicians are the ones that provide the bulk of day-to-day services, but compensation can be applied to specialist providers as well.

Gladys Sandlin, Executive Director, Mission Neighborhood Health Center, stated she has been in the medical service for approximately 30 years. She advocated for having access to bilingual services in a bicultural manner for all patients. She recommended making improvements for adding additional bilingual personnel and bilingual education.

Teresita C. Bautista, Director of Interpreting Services, spoke on behalf of California Healthcare Interpreters Association (CHIA) and the Alameda County Medical Center Interpreter Translation Services at Alameda County Medical Center. Ms. Bautista commented that the demand for quality health care should respect the cultural and linguistic

needs of the population. She informed the Task Force that many states are working on creating standards for bilingual healthcare staff and patient-provider interpretation assistance. Ms. Bautista advised there is an ongoing effort to increase formal interpreter associations in the states to upgrade their status, skills, and knowledge.

Ms. Koda Kimble commented that to be bilingual does not guarantee good healthcare. She expounded on the sentiments of the member of the audience who commented that listening and being sensitive are not necessarily issues of cultural competency and linguistic competency but are universal to all health care providers.

David Quackenbush, California Hispanic Healthcare Association, stated his organization was the sponsor of the Legislation that created the Task Force. Mr. Quackenbush stated he wanted to clarify the intent of the Legislation. He advised that the Task Force was created to establish cultural and linguistic competency standards used for continuing education programs. The Subcommittee of the Task Force was asked to study the feasibility of bringing physicians and dentists from Mexico and the Caribbean to address the extreme shortage of physicians and dentists, especially in the areas of rural and farm worker communities. The intent for the Subcommittee was to look at the option of bringing doctors and dentists from Mexico as an immediate short-term solution.

Mr. Quackenbush thanked the Department of Consumer Affairs and the Department of Health Services for their work in pursuing this task to the best of their ability in spite of staffing shortages. He said his organization caters primarily to Latino patients, but it is important to reiterate that the purpose of this Legislation was to try to establish standards for all patients from different backgrounds.

Mimi Lain, an interpreter, stated she is a registered interpreter for the Judicial Counsel and was formerly a staff interpreter for Kaiser Permanente Hospital where she completed medical interpreter training. She expressed concern with the lack of pay interpreters receive. Ms. Lain advocated for an increase in pay for interpreting services.

Lucille Tan, Director of National Linguistic Cultural Services and a representative of Kaiser Permanente Hospital highlighted the importance of qualified medical interpreters to provide quality care. She stated Kaiser's interpreters must meet training requirements, but also complete an in-house training program within one of year of employment. She stressed the importance of continuing education. She offered her assistance to the Task Force if her services could be helpful.

Dr. Chen commented that the Task Force is attempting to address the issue of cultural and linguistic competency by breaking through barriers that hinder quality care. He stated as a result of the breadth of the issue, we are forced to make observations and not recommendations that may be far beyond the scope of the Task Force and have implications for the way that medicine is practiced.

Dr. Welch suggested partnering with other groups and entities since the charge of the Task Force is so broad. She advised that the California Endowment has multi-cultural work standards for physicians.

Director Hamilton stated this was the third public hearing conducted in the community and that the Task Force and the working groups faced challenges in making decisions to solve the enormous challenges surrounding the provision of culturally and linguistically appropriate care. She thanked everyone for taking time to share his or her experiences and comments.

**Adjournment:**

The Meeting was adjourned at 4:45 p.m.